



Commissioner of Securities & Insurance
Montana State Auditor

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PCMH Health Care Provider Annual Report

Deadline: April 30, 2017

Montana PCMHs are in various stages of their practice transformation process. Answer only the questions relevant to your clinic. (Not all questions may be applicable.) Some questions may be a follow-up to the data collected from the **2016 Progress Update** or relate to the **2017 Quality Metric Report**. Other questions ask about the broader story of PCMH transformation, beyond the data. Clinical staff familiar with PCMH activities will need to respond to many of the questions.

Information from this report will contribute to the Commissioner's 2017 Annual Public Report. Clinic names will not be included in the report. Ultimately, report findings will make the case for the value of PCMH to policy makers, insurers, and patients.

Name of Practice:

Name of Parent Site (if applicable)

First Name:

Last Name:

Title:

E-mail:

Phone Number

Practice site street address:

Zip Code:

City:

State:

Practice Transformation Process

1. What aspect of practice transformation has been most beneficial to the primary care physicians and/or providers in the clinic?

2. What aspect of practice transformation makes your clinic a better experience for patients?

3. How have you created a more patient-centered environment?

4. As part of NCQA/AAAHHC/Joint Commission accreditation, did you identify gaps in care?

- ☐ Yes
- ☐ No

4a. If yes, what gaps did you identify and what are you focusing on for 2016?

5. Please share the best aspects of PCMH practice transformation for patients in your clinic that are in one or more of the following groups: diabetes or hypertension diagnosis, tobacco users, screened positive for depression, and childhood immunizations. If possible, provide one example for each.

6. Please share a patient success story that resulted from your clinic's PCMH implementation. Please include specific intervention steps taken in the patient's care as a result of your practice's transformation. The story should illustrate how a patient is cared for differently before and after PCMH implementation.

7. Does your clinic assess social determinants of health, including but not limited to income level, education level, or family circumstances?

☐ Yes

☐ No

7a. If yes, what resources do you provide to address patients' socioeconomic needs?

8. Did your clinic use patient satisfaction surveys?

8a. Pre-implementation:

☐ Yes

☐ No

8b. Post –implementation:

☐ Yes

☐ No

8c. Did you use the surveys to make changes?

☐ Yes

☐ No

8d. If yes, what kind of changes?

Educating Patients about PCMH

9. Do you inform your patients that your clinic is a PCMH?

☐ Yes

☐ No

10. Are you educating patients about the benefits of PCMH?

☐ Yes

☐ No

11. What, if any, patient feedback has your clinic received from the CSI-provided educational materials?

12. What aspects of PCMH transformation do you share with your patients?

Depression Screening

13. What percentage of your clinic's total patients is screened for depression? Estimate if necessary.

- ☐ 0%
- ☐ <10%
- ☐ 11 - 25%
- ☐ 26 - 50%
- ☐ 51 - 75%
- ☐ 76 - 100%
- ☐ Other

14. If your clinic screens a sub-population for depression, how do you target patients? Which patients are typically screened? For example: those with a diagnosis/past diagnosis, a recent death in their family, substance abuse problems, or socioeconomic needs.

Substance Abuse

15. What percentage of your clinic's total patients is screened for substance abuse?
Estimate if necessary.

- ☐ 0%
- ☐ <10%
- ☐ 11 - 25%
- ☐ 26 - 50%
- ☐ 51 - 75%
- ☐ 76 - 100%
- ☐ Other

16. If your clinic screens a sub-population for substance abuse, how do you target patients to screen? What patients are typically screened? For example: those with a history of substance abuse, a depression diagnosis, a recent death in their family, or socioeconomic needs.

Barriers and Best Practices

17. Please identify general barriers your clinic faces in PCMH implementation.

18. What barriers to screening for depression or substance abuse has your clinic encountered?

19. What barriers to facilitating treatment for depression or substance abuse has your clinic encountered?

20. Please share best practices of intervention for patients screened positive for depression or substance abuse.

21. Please share any additional information that you think others should know about your clinic's practice transformation.